



Indiana Department of Insurance
BAIL BOND DIVISION
311 W. Washington Street, Suite 300
Indianapolis, IN 46204

INDIANA BAIL AGENT RENEWAL APPLICATION

Please type or print legibly.

Illegible applications will be returned. You must answer all questions fully and the affidavit must be properly notarized. Failure to follow instructions will result in the application's return to applicant. Please attach a sheet for additional information when necessary. **You must note any changes in address, county or phone numbers on this application.**

All applications must include:

A recent digital full face photograph and your signature on the specimen sheet to be included on your license. Pictures can be taken and a license issued in our office.

- Application fee of **\$650.00** (check or money order).
- You must also include a completed 3-A Requisition Form.
- Completion Certificate for six (6) credit hours of Continuing Education.
- If you are a state or supervising agent, you must provide a list of all build up funds and their locations.

We Do Not Accept Cash or Credit Cards

Please note that any incorrect or misleading information on this application will result in administrative denial. If you have any questions regarding this application, please call Linda Reynolds at (317) 232-5249

BAIL AGENT RENEWAL APPLICATION

LEGAL NAME OF APPLICANT _____

COUNTY OF RESIDENCE _____

HOME ADDRESS _____

BUSINESS ADDRESS _____

HOME PHONE () _____ BUSINESS PHONE () _____

IF YOU WORK FOR OR REPORT TO SOMEONE ELSE, GIVE THE NAME
AND, IF APPLICABLE, THE STATE AGENT'S NAME

NAME OF INSURANCE COMPANY(S) YOU WILL REPRESENT

PRINCIPAL ADDRESS WHERE YOU INTEND TO CONDUCT BUSINESS
(This is where you will be audited if licensed)

LIST OF COUNTIES WHERE YOU ARE REGISTERED TO WRITE

YOUR BUSINESS NAME _____

ELECTRONIC CONTACT INFORMATION

Fax Number (if any) () _____

Business E-mail Address (if any) _____

DOES ANY OF THE ABOVE INFORMATION DIFFER FROM OUR CURRENT
INFORMATION OF RECORD? IF SO, INDICATE HERE _____

LIST ALL PERSONS EMPLOYED OR SUPERVISED BY YOU AS A RECOVERY
AGENT IN THE PAST TWELVE MONTHS _____

ANSWER THE FOLLOWING QUESTIONS FULLY

1. Are there any complaints or charges against you currently pending before any public authority (including a law enforcement agency)? YES _____ NO _____
2. Has a disciplinary action been taken against you by any public authority, including law enforcement agency, since your last renewal? YES _____ NO _____
3. Have you been convicted of a Felony since your last renewal? YES _____ NO _____
4. Have you been convicted of a Misdemeanor involving dishonesty, violence, or a deadly weapon since your last renewal? YES _____ NO _____
5. Are you a jailer, law enforcement officer, or do you have any custody or control over any prisoners? YES _____ NO _____
6. Have you ever previously held an insurance or bail agent's license in this or another state? YES _____ NO _____
7. If you answered yes to item # 6, was that license ever suspended or revoked? YES _____ NO _____
8. If you are a licensed all lines fire and casualty agent, list your license number and its expiration date _____
9. Do you have any outstanding State or Federal tax liens or warrants? YES _____ NO _____
10. Do you currently have any outstanding judgments for unpaid child support? YES _____ NO _____

NOTE: If you answered YES to any of the above, give a detailed explanation on an attached sheet.

AFFIRMATION

I AFFIRM, UNDER THE PENALTIES OF PERJURY AND THOSE PENALTIES SET OUT IN THE INDIANA CODE, TITLE 27, CHAPTER 10, THAT THE FORGOING ANSWERS AND INFORMATION ARE TRUE AND ACCURATE.

SIGNATURE OF APPLICANT: _____

DATE: _____

Sworn and subscribed before me this _____ Day of _____, _____

My Commission Expires _____ Notary Public _____

County of Residence _____ Printed Name _____

Attach a small digital photo

HERE-----→

Your Signature (PLEASE USE BLACK SHARPIE PEN)

HERE-----→

Name _____ **Agent #** _____

Address _____

Phone Number _____

**Indiana Department of Insurance
Bail Bond Division
311 West Washington Street, Suite 300
Indianapolis Indiana 46204-2787**

Form 3a
License Requisition
Type or Print Neatly

Date _____

Agent Data

1. Name: _____
Last First Middle Maiden

2. Home Address: _____
Street City State Zip

3. Business address: _____
Street City State Zip

4. Home Telephone: _____ 5. Business Telephone: _____

6. Social Security Number: _____ 7. Date of Birth: _____

I certify that I am familiar with the policies and forms which I will be soliciting for this company.

Signature of Agent

Surety Insurance Company Data

8. Name of Company: _____

9. Address: _____
Street City State Zip

10. Telephone Number: _____ 11. Company I.D. Number _____

12. State where Company Is Domiciled: _____

On behalf of my company, I certify the applicant to be of good moral character, trustworthy and competent.

Date Signed by Surety Company

Authorized Signature

Return original to the Department of Insurance, Bail Bond Division